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|--|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/637,433-Conf. #2610 |
| | | Filing Date | August 7, 2003 |
| | | First Named Inventor | William J. ALDRICH |
| | | Examiner Name | S. B. Theriault |
| | | Art Unit | 2179 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,860.00 |
| | | Attorney Docket No. | MWS-059RCE |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|--------------------------------------|--|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u> | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|---------------------------------|-------------|---------------------------------|------------------|---------------------------------|----------------|
| | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | <u>Small Entity</u> Fee (\$) |
|--|----------|---------------------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| | |
|--|--|
| <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ - 20 = _____ x _____ = _____ | <u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ _____ |
| HP = highest number of total claims paid for, if greater than 20. | |
| <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ - 3 = _____ x _____ = _____ | |
| HP = highest number of independent claims paid for, if greater than 3. | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x _____ | _____ | _____ |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | 810.00 |
| 1253 Extension for response within third month | 1050.00 |

SUBMITTED BY

| | | | | | |
|-------------------|---------------------|-----------------------------------|-------------------|-----------|----------------|
| Signature | /Neslihan I. Doran/ | Registration No. (Attorney/Agent) | L0389 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Neslihan I. Doran | Date | February 28, 2008 | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: February 28, 2008

Electronic Signature for Neslihan I. Doran: /Neslihan I. Doran/